

DORA CONSOLIDATED SCHOOLS ACTIVITY APPROVAL FORM

FUND RAISER

Class/Organization _____

Date(s) of fund raiser _____

Reason for fund raiser _____

Signature of Teacher/Sponsor _____

FIELD TRIP

Destination of trip _____

Grade(s) _____ Date of trip _____

Reason for trip _____

Signature of Teacher/Sponsor _____

SPECIAL EVENT

Date of event _____ Grades _____

Reason for event _____

Signature of Teacher/Sponsor _____

APPROVED _____

DISAPPROVED _____

Comments: _____

Signature of Principal _____ Date _____